

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/088468

FILING DATE

APPLICANT(S)

1029450

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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50						
TOTAL IND.	3					
TOTAL DEP.	14					
TOTAL CLAIMS						

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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TOTAL IND.						
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TOTAL CLAIMS						